



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Stephen F. Fulghum
Application No.: 10/092,033 Filed Date: March 5, 2002
Confirmation No.: 7761 Group: 3739 Examiner: John P. Leubecker
For: Autofluorescence Imaging System for Endoscopy

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450	
on <u>August 26, 2004</u>	<u>Mary P. McDermott</u>
Date	Signature
<u>MARY P. McDERMOTT</u>	
Typed or printed name of person signing certificate	

Amendment and Fee Transmittal

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
SEP 01 2004
TECHNOLOGY CENTER 3700

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- [] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		RATE	ADDIT. FEE
TOTAL	35	MINUS	*35	0	X \$9	\$	X	\$18	\$0
INDEP	3	MINUS	**3	0	X \$43	\$	X	\$86	\$0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$145	\$	+	\$290	\$
					TOTAL =	\$ 0	TOTAL =	\$0	

* not fewer than 20

** not fewer than 3

Please charge Deposit Account No. 50-1935 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Amendment Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____
	_____	\$ _____
	_____	\$ _____
	TOTAL:	\$ <u>0</u>

A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for three months Extension of Time	\$ <u>950.00</u>
<input type="checkbox"/>	Amendment Fee	\$ _____
<input checked="" type="checkbox"/>	Other Fees:	
	<u>Request for Continued Examination</u>	\$ <u>770.00</u>
	_____	\$ _____
	TOTAL:	\$ <u>1,720.00</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 50-1935 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

BOWDITCH & DEWEY, LLP

By Thomas Q. Hoover
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